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APPLICANTS

Michael D. Hooven, Cincinnati, OH;

** CONTINUING DATA *****

This application is a DIV of 10/038,506 11/09/2001
 which is a CIP of 10/032,378 10/26/2001
 which is a CIP of 09/844,225 04/27/2001 PAT 6,517,536
 which is a CIP of 09/747,609 12/22/2000 PAT 6,546,935
 which claims benefit of 60/200,072 04/27/2000

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY OH	SHEETS DRAWING 66	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after				
Verified and Acknowledged Examiner's Signature <i>A. Rollins</i> Initials				

ADDRESS

26568
 COOK, ALEX, MCFARRON, MANZO, CUMMINGS & MEHLER LTD
 SUITE 2850
 200 WEST ADAMS STREET
 CHICAGO , IL
 60606

TITLE

TRANSMURAL ABLATION DEVICE

FILING FEE FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT

- All Fees
- 1.16 Fees (Filing)
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